



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

INSTALLATION PLACED OUT OF SERVICE FORM

THIS IS ACCORDING TO ASME A17.1-2016 SECTION 8.11.1.4 OR ASME A18.1-2005 SECTION 10.1.5.

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

ELBI #:

Building Name:

Building Physical Address:

Number, Street Name, Suite Number/Apartment Number

City

Zip Code

#	TXE Decal #	Type of Unit (Electric, Hydraulic, Escalator, Moving Walk, LULA, Wheelchair Lift)	Comments (If Necessary)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

BY SIGNING THIS FORM, I CERTIFY THE ABOVE IS TRUE AND CORRECT.

Inspector Signature

TDLR INSP LIC #

Inspector Name (Printed)

Date

THIS FORM MUST BE FILED DIRECTLY WITH THE REGULATORY PROGRAM MANAGEMENT DIVISION – ELEVATOR/ESCALATOR SAFETY PROGRAM AT ELEVATOR@TDLR.TEXAS.GOV